



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 10/578,585

Docket Number (Optional)

081553-000000US

For COUNTER PULSATION ELECTROTHERAPY APPARATUS FOR TREATING A PERSON OR A MAMMAL

Art Unit 3762

Examiner Nicole F. Lavert

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 65 _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27. 09/01/2009 MGEBREM1 00000062 201430 10578585
- A check in the amount of the fee is enclosed. 01 FC:2251 65.00 DA
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

**WARNING: Information on this form may become public. Credit card information should not be included on this form.**  
Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 24,491 attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_
  
Signature

August 27, 2009

Date

J. Georg Seka, Reg. No. 24,491

415/576-0200

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.



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